
Residential Supervision Report

Date of Report: / /

Name of Child(ren):

Name of Caretaker(s):

Address of Placement:

Courtesy Caseworker :
(Receiving State)

Phone Number: () -

Reporting Period:

Dates and locations of Face-to-Face Contact:

Discuss child(ren)'s current circumstances, addressing child(ren)'s safety in current placement and child(ren)'s well-being:

Child(ren)'s school performance, if applicable: *(Attach copies of report card, IEP, evaluations, if applicable.)*

Child(ren)'s health & medical status, including dates of medical and dental appointments and names of service providers, if applicable: *(Attach records, evaluations, therapy reports if applicable)*

Assess current placement and caretakers, e.g., (physical condition of the facility, caretaker's commitment to child, health, financial situation, work, legal involvement, social relationships; child care arrangements):

Permanent plan status: What progress has been made toward a treatment goal? Has the goal changed? Are there any recommendations?

List any unmet needs, and recommendations to meet those needs: *(Sending State is responsible for case planning and for funding)*

Recommendation:

- Continue placement.
 Terminate placement.

If recommending termination of placement, please provide justification for recommendation:



SIGNATURE OF SOCIAL WORKER COMPLETING THIS REPORT _____

Printed Name _____ Date _____

OFFICIAL INTERSTATE COMPACT OFFICE USE ONLY:

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- The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist concurs with this recommendation.
 - The Receiving State Compact Administrator/Deputy Compact Administrator/ICPC Specialist **does not** concur with this recommendation.

Name _____ / / _____
